



Meadow Rose Society Client In-take

Registrants Name: (As shown on ID)		ID CHECKED <input type="radio"/>	Registration Date:			
Registrants DOB:		Re-Evaluation Date:				
Partners Name: (As shown on ID)		ID CHECKED <input type="radio"/>	Marital Status: M S C/L (circle one)			
Partners DOB:		Home				
Email:		Address:				
Phone Number:		Do you both live at the same address? Yeso No <input type="radio"/>				
Do you Identify as Aboriginal?		Proof of Address: <input type="radio"/>				
Citizenship: Canadian <input type="radio"/> Permanent Resident <input type="radio"/> Landed Immigrant <input type="radio"/> Are you sponsored? <input type="radio"/> Yes <input type="radio"/> No		How did you hear about us?				
What is the main reason you are in need of our services		What other organizations have you sourced support from?				
Is your need short term or long term?						
How long do you think you will be in need of our services?						
Total number of dependents:			Have you used our services before? <input type="radio"/> Yes <input type="radio"/> No			
List all Dependent Children						
	Name	DOB	Relation	ID CHECKED	Gender	Date Ages Out
1)						
2)						
3)						
4)						
5)						
6)						

Office Notes: _____



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Employment and Financial Disclosure

Please note: Our services are intended to be temporary assistance, not a subsidy to your income.

PROOF OF INCOME MAY BE REQUESTED

Registrant		
Are you employed?	Yes <input type="radio"/>	No <input type="radio"/>
Place of Employment?		
How long have you been employed there?		
Are you a student?		
School Attending?		
Do you rent or own your home?	Rent <input type="radio"/>	Own <input type="radio"/>
Mortgage or Rental Amount?		

SOURCES OF INCOME		
Place of Employment	Amount:	
Child Tax Credit	Amount:	
Disability	Amount:	
Parental Leave	Amount:	
Child Support	Amount:	
Social Assistance	Amount:	
Employment Insurance	Amount:	
Self Employment	Amount:	
Other:	Amount:	
TOTAL	Amount:	

To the best of my knowledge, the provided information is true and accurate.

Signature:

Partner

Are you employed? Yes <input type="radio"/> No <input type="radio"/>		
Place of Employment?		
How long have you been employed there?		
Are you a student?		
School Attending?		
Do you rent or own your home?		
Mortgage or Rental Amount?		
SOURCES OF INCOME		

Place of Employment	Amount:	
Child Tax Credit	Amount:	
Disability	Amount:	
Parental Leave	Amount:	
Child Support	Amount:	
Social Assistance	Amount:	
Employment	Amount:	
Insurance Self	Amount:	
Employment	Amount:	
Other:	Amount:	
TOTAL		

To the best of my knowledge, the provided information is true and accurate.

Signature:



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Meadow Rose Society Liability Disclaimer

- 1) By signing this agreement, I agree not to sell any items that I receive from Meadow Rose Society. I will return said item to Meadow Rose Society in clean, good used condition if possible or 'pay it forward' to someone else in need. I also acknowledge that if I am caught selling any items given to me by Meadow Rose Society this could end my relationship with the charity and stop any help received from them in the future.

- 2) I also acknowledge that if I behave in an aggressive manner or am abusive in any way towards the volunteers or employees of Meadow Rose Society that I will be banned from the site for a period of one month or permanently, depending on the severity of the infraction.

- 3) I, the undersigned, agree to not hold Meadow Rose Society, responsible for any guarantees or warranties on any products given to me, nor liable for any damages resulting from injuries or death caused by the consumption or use of said products. Use of these products is done so at my own risk with the manufacturer holding responsibility for them.

- 4) I also acknowledge that the mandate of Meadow Rose Society is to be a temporary, emergency assistance for families in need of essential supplies for children under the age of four. Our mission is to support families as they try to find the means and opportunities to support themselves. Our services are not intended to be on-going, or to subsidize your income.

Any information you share with us is strictly confidential and not shared outside the office.

Print Name _____

Signature _____ Date _____

Meadow Rose Media Release

I hereby grant permission to use my child's or my image in the following ways: the display, distribution, publication, transmission, or use of photographs, images, and/or video taken of my child and myself for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Meadow Rose Society Web site. I do understand that the child's or my name will not be used in conjunction with any video or digital images.

I deny permission to use my child's or my image in any way at all.

Parent/guardian signature _____ Date _____

Volunteer Signature as a Witness for Above _____ Date _____